Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

a Control number	22222	Void	For Official Use Only	>	
		Void	OMB No. 1545-0008		
b Employer identification number				1 Wages, tips, other compensation	2 Guam income tax withheld
				\$	\$
c Employer's name, address, and ZIP code				3 Social security wages	4 Social security tax withheld
				\$	\$
				5 Medicare wages and tips	6 Medicare tax withheld
				\$	\$
				7 Social security tips	8 /////////////////////////////////////
				\$	
d Employee's social security numb	nor.			9 Advance EIC payment	10
a Employee's social security flurib	Jei			Advance Lic payment	
	1			D Name well-first state	12- See Ferry W 266 in the state of
e Employee's first name and initial	Last name		37 U	11 Nonqualified plans	12a See Form W-3SS instructions
				13 Statutory Retirement Third-party	⁰ d _e \$
				13 Statutory employee Plan Sick pay	12b
					d \$
				14 Other	12c
				å \$	
					12d
					d
f Employee's address and ZIP cod	de				
Department of the Treasury—Internal Revenue Service					
					ivacy Act and Paperwork Reduction Act

For Privacy Act and Paperwork Reduction Act Notice and instructions, see Form W-3SS.

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